OF THE STATE OF IOWA

| IN THE MATTER OF: |) | |
|---|-------------|----------------------------------|
| JOHN D. WEBER, D.D.S. 9796 W. 22 nd Place, Apt. 202 Lakewood, CO 80215 |))) | STIPULATION AND CONSENT ORDER |
| License# 6407 |) | |
| Respondent |) | |

On this <u>25th</u> day of <u>7 hurch</u>, 2003, the Iowa Board of Dental Examiners and John D. Weber, D.D.S., each hereby agree with the other and stipulate as follows:

The licensee disciplinary hearing scheduled to commence before the lowa Board of Dental Examiners on the 16th day of April, 2003, on the allegations specified in the Statement of Charges which is attached to the Notice of Hearing dated January 24, 2003, shall be resolved without proceeding to hearing, as the parties have agreed to the following Stipulation and Consent Order:

- That Respondent was issued a license to practice dentistry on the 16th day of April,
 1979, as evidenced by License Number 6407, which is recorded in Book D, Page
 of the permanent records in the office of the lowa Board of Dental Examiners.
- 2. That Iowa Dental License Number 6407 is current until June 30, 2004 and is on indefinite probation pursuant to a Board Order dated September 18, 1997.

- 3. That the Iowa Board of Dental Examiners has jurisdiction over the parties and subject matter herein.
- 4. A Notice of Hearing and Statement of Charges was filed against Respondent on January 24, 2003.

Respondent therefore agrees to meet all of the requirements set forth in Section I., below, before requesting Board approval to return to practice:

SECTION I.

CLINICAL ASSESSMENT REMEDIAL EDUCATION

- a) The Respondent shall undergo a comprehensive clinical assessment by a college of dentistry prior approved by the Board, to determine level of competency. The college shall report directly to the Board, with a copy to Respondent, the results of that assessment. The college shall prepare a proposed course of study to address any concerns identified in the clinical assessment. The Board shall forward to the college the Board's file relating to Respondent prior to the assessment.
- The Respondent shall successfully complete any recommended course of study recommended by the evaluating college within ninety (90) days of the assessment, which shall be taken at an accredited dental school prior approved by the Board. The course of study shall be prior approved by the Board. Following completion of the course of study, Respondent shall advise the supervising faculty to contact the Board to verify that the Respondent has completed the course of study. The verification from the college shall include a written report relative to Respondent's

successful completion of the program, a narrative evaluation of his participation in the program, and any other information relative to Respondent's abilities in the practice of dentistry and any recommendations regarding Respondent's return to practice. Respondent agrees to comply with any recommendations made by the college. This course of study shall be taken at the expense of Respondent.

- c) The Board shall review the report from the college to determine if the Respondent has successfully completed the course of study.
- d) Following consideration of the reports regarding the evaluation and any course of study, the Board will determine Respondent's suitability to return to practice. If, based on this information, Respondent is not competent to return to practice, the Board may deny Respondent's request for reinstatement and establish terms which must be satisfied as a condition for reinstatement. If, based on this information, Respondent is competent to return to practice, the Board will issue an order reinstating Respondent's license, subject to the requirements set forth in this Order and subject to any additional recommendations or restrictions made by the evaluating college, or the college where any course of study is taken.
- e) The Respondent shall enter into a practice monitoring agreement that is priorapproved by the Board. The monitor shall be an lowa licensed dentist prior approved by the Board.
- f) The Respondent shall submit a plan to the Board which provides for a consultant to review all types of procedures performed by the Respondent and to develop a protocol for determining the necessity for the procedures and for accurate and

- appropriate billing. The plan is to be prior-approved by the Board. Costs associated with this review shall be the sole responsibility of the Respondent.
- g) The Respondent shall successfully complete a Board-approved course in dental recordkeeping.
- h) The Respondent shall successfully pass a written jurisprudence examination to be taken at the office of the Board at 400 SW 8th Street, Ste. D. Des Moines, Iowa.
- i) All costs associated with these requirements shall be the sole responsibility of Respondent.

SECTION II.

PROBATIONARY TERMS

Following successful completion and documentation of Section I., the Board will issue an Order authorizing his return to practice and placing Respondent's dental license on probation for 5 (five) years, subject to the following terms:

- a) The Respondent shall comply with any recommendations or restrictions made by the evaluating college and/or by the college where any course of study is taken, if different than the evaluating college. Those recommendations or restrictions will be specifically incorporated into the reinstatement order.
- b) The Respondent shall fully cooperate in announced or random unannounced reviews or evaluations by the Board or agents of the Board relative to this Order.
- c) The Respondent shall cooperate with audits of third party payers, including Title XIX, and shall remit any discrepancies to the appropriate agency or carrier in a timely fashion.
- d) The Respondent shall make monthly reports to the Board with respect to his

practice and detailing his compliance with the terms of this Order for six (6) months from his return to practice. Following this six (6) month period Respondent shall thereafter make quarterly reports to the Board for the remainder of the probationary period.

- e) The Respondent shall upon reasonable notice, and subject to the waiver provisions of Board rule 650 lowa Administrative Code 31.6, appear before the Board at the time and place designated by the Board.
- f) Respondent shall be responsible for all costs associated with compliance with this Order and shall also be responsible for all costs, including mileage and expenses incurred by the Board in the monitoring of this Order to determine compliance. Respondent shall promptly remit for such costs.
- g) If Respondent moves to another state, he shall notify the Board fourteen (14) days prior to his departure. No periods of dental practice outside the state of lowa shall be counted toward completion of the five (5) year probationary period.
- h) Respondent shall provide notice to all current and future licensees in his practice, employers, and employees, of this action against his license. The Respondent shall report back to the Board with signed statements from all current and future licensees, employers, and employees within ten (10) days of the date of his Order and thereafter within ten (10) days of any new employment relationship that they have read any Board orders concerning Respondent's dental license.
- The Respondent shall report to the Board with a list of all current and future employees within two (2) weeks of reinstatement and within 2 weeks of any new employ. Respondent's report is to include the employee's job title and a detailed

description of duties performed. This report shall be signed by both the Respondent and the employee.

SECTION III.

- a) The Respondent acknowledges that he has read in its entirety the foregoing Stipulation and Consent Order and that he understands its content and that he executed the Order freely and voluntarily.
- b) Respondent agrees this Stipulation and Consent Order constitutes the resolution of a pending contested case. By entering into this Stipulation and Consent Order, the Respondent voluntarily waives any right to a contested case hearing on allegations contained in the Statement of Charges, and waives any objections to the terms of this Stipulation and Consent Order.
- c) Respondent acknowledges that he has the right to be represented by counsel in this matter.
- d) The Respondent understands that this Order is a public record and is therefore subject to inspection and copying by members of the public.
- e) The Respondent understands that the Board is required by Federal law to report this Order to the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank.
- f) The Respondent acknowledges that no member of the Board, nor any employee, nor attorney for the Board, has coerced, intimidated, or pressured him, in any way whatsoever, to execute this Order.

- g) The Respondent acknowledges that this proposed settlement is subject to approval of a majority of the full Board. If the Board falls to approve this proposed settlement, it shall be of no force or effect to either party.
- h) Respondent shall fully and promptly comply with al! Orders of the Board and the statutes and rules regulating the practice of dentistry in lows. Any violation of this Order is grounds for further disciplinary action, upon notice and opportunity for hearing, for failure to comply with an Order of the Board, in accordance with lows Code Section 272C.3(2)(a) (2001).

| i} | This Stipulation and C | irder of th | f the Board. | | | |
|----|------------------------|------------------|---------------|----------|-------------|---------|
| | This Stipulation and C | Consent Order is | voluntarily : | submitte | d on this _ | day of |
| | , 2003. | | | | | |
| | | | , | · 1 . 2 | 1 : | - (272) |

Respondent

Subscribed and Sworn to before me on this ____ day of ______, 2003.

Notary Public in and for the State of Colorado

This Stipulation and Consent Order is accepted by the Iowa Board of Dental

Examiners on this 35 day of Musch 2003

LEROY I. STROHMAN. D.D.S.

Chairperson

lows Board of Dental Examiners

400 SW 8th Street, Ste. D Des Moines, IA 50309 cc: Theresa O'Connell Weeg Assistant Attorney General Office of the Attorney General Hoover State Office Building Des Moines, IA 50319

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